

ARE WE GETTING PUBLIC HEALTH IN TUNE WITH THE TIMES?

1957 Association Symposium - Part I
 85th Annual Meeting, American Public Health Association
 Cleveland, Ohio - November 11, 1957

Mr. Fogarty,* Chairman of Citizens Committee:

Introduction

It seems to me that this session is a most appropriate way for you-- the leaders and the rank and file of public health workers of the country--to open your Annual Meeting. The fact that you are critically examining your progress in bringing modern public health services to the people gives me a feeling of great confidence. That you are interested in obtaining the consumer's point of view, as represented by this Citizens Committee, is even more encouraging.

Many of you know that I have long been interested in public health. It is my firm belief that the strength and security of a Nation are directly related to the level of health of its citizens. Therefore, I have been deeply impressed and [~]gavely concerned by the magnitude of the many health problems which burden the people of this country. At the same time, I have rejoiced in the dramatic improvements which have taken place when a concentrated attack is made upon a specific illness or a dangerous environmental condition.

It has been a source of considerable pride and satisfaction to me that the Congress of the United States has seen fit to invest so heavily in research into the cause, prevention, and treatment of those diseases which are of major concern. The investment has been a wise one. We have learned a lot that we did not know before about cancer, cardiovascular diseases, diabetes, mental disorders, dental diseases, to name a few. One of the most outstanding research achievements of recent years is, of course, the development of an effective vaccine for the prevention of paralytic poliomyelitis. Now some of us are beginning to wonder whether this new weapon is being used to full advantage. If not, why not?

Vigorous application of the findings of ^eresearch is a function of public health

* The Honorable John E. Fogarty, U.S. Congressman from Rhode Island; Chairman, House Appropriations Subcommittee on Labor, Health, Education, and Welfare.

practitioners. The discussion we are about to open is important because it gives us an opportunity to find out where we stand in the application of new scientific knowledge. We want to hear of notable successes, and of problems being encountered. For example, intensive research has shown conclusively the value of adding fluorides to the drinking water in preventing dental caries. Here we have available a relatively inexpensive preventive public health measure. How far have we moved toward getting every public water supply of the country fluoridated? What is being done to make it practical to fluoridate private water supplies? This Committee will be interested in hearing about your progress and problems in this field.

I am greatly encouraged to learn that there is now available a simple test for the screening of large population groups in order to find diabetes in its early stages, and that there is another test which can be used quite easily for early detection of uterine cancer. The discovery of such tests is of limited value, of course, unless they are widely applied where most needed and useful. Our Committee will want to know something about the role of the health officer in seeing that these and other modern tools for the prevention and treatment of long-term illnesses are fully utilized. Also, what is being done about the rehabilitation of chronic disease patients?

A wide range of services is necessary to prevent the occurrence or progression of chronic disease and disability. Obviously the private physician is the central figure in diagnosis and medical supervision. But we now know that he must be supported by a number of related community services. Can the health department supply the nursing care, the physical therapy, the nutritional advice, the laboratory and medical social services needed in a full-scale attack on the chronic diseases? Is the present staff adequate—in terms of numbers and qualifications—to take on these additional duties? If not, we shall want to hear of the steps that are being taken to build up our official health organizations, both in numbers and competence of personnel.

What other resources of the community are ²available, and how can they be brought into the picture? I have been impressed recently by the growing number of industrial health plans. Do they contribute as much as they might to the total health services

of a community? What is the most appropriate role of the voluntary health agencies-- public education, scientific investigation, community service, or a combination of these?

Real community planning is needed to weave the many threads of service into a strong and smoothly functioning network. This would seem to be ^a substantial challenge and opportunity for the health officers of the country. I wonder how many of them are exercising such leadership. What adjustments are they having to make in their more traditional activities in order to take on these newer responsibilities?

Part of the chronic disease picture--though not limited to it--is the problem of obtaining and financing hospital, medical, and nursing care. What is being done when there are not enough physicians or nurses to meet the need for service? How many communities have the kind of hospital facilities they need and are they being used to best advantage--both from the standpoint of service, and of economy? No one should be deprived of medical or hospital care because of his inability to pay for it. What progress have we made toward attainment of this goal? Is there any way that the services needed can be provided at less cost than at present?

Then there are the challenging problems of radiation and of air and water pollution which we hear and read about so much. What are their impacts upon today's health programs--and what impact are our public health efforts making upon the problems?

Those are just a few "sample" questions which we on this Citizens Committee would like to have answered. But the Chairman will permit the other members to speak for themselves.

First, however, in order to give us proper perspective for our questioning, and a better understanding of what public health needs "to get in tune with," three important bodies of background information will be presented:

Dr. John Hanlon - Director of Public Health Services, Philadelphia Department of Health - will sketch "The Effect of Changing Population Patterns on Public Health Priorities."

Dr. Frank Stead - Director, Division of Environmental Sanitation, California State Department of Public Health - will tell us of "The Effect of Changing Environmental Hazards on Public Health Priorities."

Dr. Donald G. Hay - Social Science Analyst, U.S. Department of Agriculture,
Chapel Hill, North Carolina - will discuss "Health Needs as People
See Them."

Thank you, gentlemen.

We shall certainly want to take these phenomena into account as we consider the witnesses' testimony on what is being done to translate new knowledge into public health practice. In view of the facts you have presented, we may find that some familiar public health practices should be overhauled in order to keep pace with current and future health needs. If so, I hope we shall also find that this remodeling is already underway.

Those on the panel of witnesses who will tell us--and you--"How Recent Scientific Advances Are Being Built into Public Health Practice" are:

Dr. David B. Ast - Director, Bureau of Dental Health, New York State Department
of Health, Albany

Miss Madelyn Hall - Director, Division of Nursing, Philadelphia Department of Health

Dr. Albert V. Hardy- Director, Bureau of Laboratories, Florida State Board of
Health, Jacksonville

Mr. Sewall Milliken- Yale University School of Medicine, New Haven

Dr. Dean Roberts - Executive Director, National Society for Crippled Children
and Adults, Chicago

Dr. Ellis D. Sox - Director of Public Health of the City of San Francisco, Calif.

Dr. Ast, will you tell us briefly whether dental public health is getting in
tune with the times?

(To the Committee) Who would like to ask the first question?

-----Other members of panel to be heard and questioned in similar fashion-----

Summary

You have all been most helpful. Now let me see if I can summarize for the Committee the wealth of information we have received.

I think it is fair to say that you are getting public health in tune with the times, but that there is still quite a distance to go before either the public health profession or the public it serves can be entirely satisfied.

According to the testimony of the witnesses, the importance of changing population and social patterns and changing ~~en~~vironmental hazards in determining public health priorities is well recognized. There is also evidence that some reshaping of programs is already taking place.

The chronic diseases and other disabling conditions of an aging population seem to be generally accepted as the No.1 health problem of the day. Some initial steps are being taken toward "getting in tune" with respect to this problem.

It is clear that there is a continued need for basic laboratory research--particularly on such baffling health problems as cancer, the cardiovascular diseases, mental retardation, the aging process, arthritis, occupational illnesses.--I need not recite an exhaustive list. It is equally clear that there is also a need for more community research in better ways of doing what we know. Applied or operational research into methods of putting new public health knowledge into practice in the community is as essential as the laboratory or clinical research from which the basic knowledge was originally developed--and too little attention has been paid to this aspect of public health work.

One of the most difficult problems now facing us is finding a way to bring to the people the medical, dental, nursing, and hospital care they need--at a price they can afford to pay. There is only fragmentary experience and information on the kinds of relationships which offer the best chance of success in developing close and harmonious collaboration among private physicians, hospitals, industrial groups, and official and voluntary health agencies--and the pitfalls to be avoided.

The Committee was pleased to learn that increasing attention is being given to mental health, to the prevention of alcoholism and drug addiction, and to accident prevention. The benefits of water fluoridation are being extended slowly--but too slowly--in the field of dental public health.

A growing recognition by health agencies in the public health significance of radiological hazards was noted. Understandably, in a field as new as this, the first step is to become familiar with the problem and to train operating people to deal with the health aspects of radiation. It is good to know that such training has been started.

Progress was reported in determining the extent, scope, and character of the Nationwide problem of air pollution, but the real break-through of new knowledge in this field is yet to come.

With respect to water pollution control, construction of sewage treatment works is going forward at an encouraging rate. It was emphasized, however, that the older problems of sanitation cannot be neglected while the newer ones are receiving more and more attention. They, too, are changing with the times. For example, the public health practices and relationships which work best today in coping with problems of milk and food sanitation are quite different from those of a decade or more ago.

Quite properly, I think, several witnesses urged that--in widening the public health horizon to meet the demand for the new services--the public health profession not forget or "sell Short" those important early responsibilities for which the public still holds it accountable. Most of the gains that have been made can be lost very quickly without continued vigilance. The challenge here is to improve the ways of performing these more familiar tasks.

The health department can no longer afford to "walk alone" in dealing with communicable disease any more than in planning for services for chronic disease patients or the aged residents of the community. This was clearly demonstrated in the poliomyelitis

vaccination program. Communities that have been most successful in getting a high percentage of their population under 40 years of age vaccinated are those in which all community groups who could contribute to the program have been intimately involved.

But this does not come about by chance--or by wishing. It takes hard work and skillful leadership on the part of the official health agency to pull together all of these resources. A strong, resourceful, and flexible public health team who can view the total scene and not become too preoccupied with any one of its facets is essential. For in public health, as in any big business, reasonable balance among the competing demands must be maintained.

One of the serious bottlenecks to full and vigorous application of the steadily growing body of scientific knowledge is not having enough well-qualified personnel. Obviously, we are not doing enough to acquire and train people to provide the host of services which have been discussed here today. In this respect, feeble efforts are being made to get in tune with the times, but these efforts must be reinforced and accelerated--both for public health personnel and for their partners, the private practitioners of medicine and dentistry.

Because I sincerely believe that federal aid is essential for the necessary expansion of medical and dental schools, I have introduced a bill, H.R. 7341, which would authorize a 5-year program of grants for construction of medical, dental, and public health education and research facilities. This bill would provide \$300 million for the purpose. I am hoping that this legislation will be given a high priority for early enactment in the next session of Congress.

At the same time, every effort must be made to keep in public health the trained people we already have. In many places the salaries of public health manpower are far lower than those of professional workers in comparable fields. Other considerations such as provisions for retirement, opportunities for professional advancement, vacation allowances, and sick leave should not be overlooked in getting public health personnel practices "in tune."

Several times there was reference to the necessity of determining how important particular health problems are to the people, how different population groups would prefer to go about solving their problems, and why some of the past educational and promotional efforts of public health workers have not been successful.

I cannot stress too strongly the importance of bringing to the public by every possible means a deeper understanding of today's challenges and opportunities for improvement of the public health, and of your progress and problems in meeting these challenges. This is imperative if you are to get the cooperative participation and the moral and financial support you need. --Support by individual citizens, by community groups; by industrial, business, religious, fraternal, and service organizations; and your elected officials of government. Only through complete understanding will your problems become our problems; your challenges, our challenges; and your accomplishments, our accomplishments.

Until this situation exists in every community of this country, we cannot agree that public health is fully in tune with the times.